NEW YORK STATE OF OPPORTUNITY.

Office of General Services
Office of Business Diversity

Design and Construction
AN ISO 9001:2015 CERTIFIED ORGANIZATION
Office of Business Diversity, 29th Floor, Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242
Phone: (518) 486-9284 FAX: (518) 486-9285

CONTRACTOR'S SDVOB UTILIZATION PLAN

☐ Revised Plan

Contract No.: **47322-C**

Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization.

Submit completed responses to DCSDVOB@ogs.ny.gov

Contractor's Name, Address and Federal ID No.:	Contract Description/Location:	Date Proposal Approved:	Date Printed:	Bid Date:	SDVOB GOAL
Gudabri, Inc **13140 State Route 31** **Savannah, NY 13146** Federal ID No.: **16-1423987**	**Replace salt storage building** **Wassaic, NY**		**06/23/23**	**06/14/23**	**3%**
	Work/Job Order:	OGS Project Number: **47320-C**	Work Order Value:	Contract Amount: **834,861.00**	

Certified SDVOB Name, Address and Phone No.	Description of Subcontracting/Supplies	Anticipated performance/purchase date(s)	Dollar Value of Subcontract/Supplies	FOR OGS USE ONLY	SEE BDC 328.1S
Federal ID No.:					☐
Vetra Construction Services, LLC **10619 Beals Rd Cohocton, NY 14826** Federal ID No.: **85-0865271** Confirmed	**Erect post-frame salt storage building.**	**08/01/23 - 11/01/23**	**$258,626.**		☐
Federal ID No.:					☐
Federal ID No.:					☐

Pursuant to Executive Law Article 17-B, my firm will engage in a good faith effort to achieve the SDVOB goals on this contract.

Contractor's Signature:

Enter Name: **David E Secor**

Title: **Vice-president**

E-Mail Address: **dsecor@secorbuildingsolutions.com** Date: **06/23/23**

Contractor's Comments:

FOR OGS USE ONLY

☒ Accepted ☐ Accepted as Noted ☐ Notice of Deficiency Issued

SDVOB % _____ $ _____

OGS Authorized Signature: Enter Name: Shafia Booker Date: 6/27/2023